

<div style="display: inline-block; text-align: center;"> <p>POTENTIAL HAZARDOUS WASTE SITE</p> <p>FINAL STRATEGY DETERMINATION</p> </div>		REGION <div style="border: 1px solid black; width: 30px; height: 30px; line-height: 30px; margin: 0 auto;">V</div>	SITE NUMBER
File this form in the regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.			
I. SITE IDENTIFICATION			
A. SITE NAME <b>W.G. KRUMMRICH INCINERATOR</b>		B. STREET <b>ROUTE 3</b>	
C. CITY <b>SAUGET</b>		D. STATE <b>IL</b>	E. ZIP CODE <b>62201</b>
II. FINAL DETERMINATION			
Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.			
RECOMMENDATION	MARK 'X'	ACTION AGENCY	
A. NO ACTION NEEDED	<input type="checkbox"/>	EPA <input checked="" type="checkbox"/>	STATE <input type="checkbox"/>
B. REMEDIAL ACTION NEEDED, BUT NO RESOURCES AVAILABLE <small>(If yes, complete Section III.)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. REMEDIAL ACTION <small>(If yes, complete Section IV.)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. ENFORCEMENT ACTION <small>(If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. RATIONALE FOR FINAL STRATEGY DETERMINATION			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>DUPLICATE SITE SEE</b></p> <p style="text-align: center;">EPA Region 5 Records Ctr.</p> <p style="text-align: center;">286735</p> </div> <div style="width: 50%;"> <p><b>W.D. KRUMMRICH</b></p> <p><i>12 months</i></p> </div> </div>			
F. IF A CASE DEVELOPMENT PLAN HAS BEEN PREPARED, SPECIFY THE DATE PREPARED (mo., day, & yr.)		G. IF AN ENFORCEMENT CASE HAS BEEN FILED, SPECIFY THE DATE FILED (mo., day, & yr.)	
H. PREPARER INFORMATION			
1. NAME <b>P. DIMOCK</b>		2. TELEPHONE NUMBER <b>312-353-2115</b>	3. DATE (mo., day, & yr.) <b>3-27-80</b>
III. REMEDIAL ACTIONS TO BE TAKEN WHEN RESOURCES BECOME AVAILABLE			
List all remedial actions, such as excavation, removal, etc. to be taken as soon as resources become available. See instructions for a list of Key Words for each of the actions to be used in the spaces below. Provide an estimate of the approximate cost of the remedy.			
A. REMEDIAL ACTION	B. ESTIMATED COST	C. REMARKS	
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
D. TOTAL ESTIMATED COST		\$	

## IV. REMEDIAL ACTIONS

A. SHORT TERM/EMERGENCY ACTIONS (On Site and Off-Site): List all emergency actions taken or planned to bring the site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. ACTION START DATE (mo, day, & yr)	3. ACTION END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. COST	6. SPECIFY 311 OR OTHER ACTION INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

B. LONG TERM STRATEGY (On Site and Off-Site): List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. ACTION START DATE (mo, day, & yr)	3. ACTION END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. COST	6. SPECIFY 311 OR OTHER ACTION INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

## C. MANHOURS AND COST BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL MAN- HOURS FOR REMEDIAL ACTIVITIES	3. TOTAL COST FOR REMEDIAL ACTIVITIES
a. EPA		\$
b. STATE		\$
c. PRIVATE PARTIES		\$
d. OTHER (specify):		\$



PO TENTIAL HAZARDOUS WASTE SITE  
FINAL STRATEGY DETERMINATION

REGION SITE NUMBER

V

11000010118

File this form in the regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME

Monsanto Landfill

B. STREET

C. CITY

Sauget

D. STATE

IL

E. ZIP CODE

II. FINAL DETERMINATION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION

ACTION AGENCY

MARK 'X'

EPA

STATE

LOCAL

PRIVATE

A. NO ACTION NEEDED

X

B. REMEDIAL ACTION NEEDED, BUT NO RESOURCES AVAILABLE  
(If yes, complete Section III.)

C. REMEDIAL ACTION (If yes, complete Section IV.)

D. ENFORCEMENT ACTION (If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)

E. RATIONALE FOR FINAL STRATEGY DETERMINATION

This site is the same as Monsanto Company in Sauget.

F. IF A CASE DEVELOPMENT PLAN HAS BEEN PREPARED, SPECIFY THE DATE PREPARED (mo., day, & yr.).

G. IF AN ENFORCEMENT CASE HAS BEEN FILED, SPECIFY THE DATE FILED (mo., day, & yr.).

H. PREPARER INFORMATION

1. NAME

Gregg Whaley

2. TELEPHONE NUMBER

—

3. DATE (mo., day, & yr.).

9/10/80

IV. REMEDIAL ACTIONS TO BE TAKEN WHEN RESOURCES BECOME AVAILABLE

List all remedial actions, such as excavation, removal, etc. to be taken as soon as resources become available. See instructions for a list of Key Words for each of the actions to be used in the spaces below. Provide an estimate of the approximate cost of the remedy.

A. REMEDIAL ACTION	B. ESTIMATED COST	C. REMARKS
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
D. TOTAL ESTIMATED COST	\$	

## IV. REMEDIAL ACTIONS

**A. SHORT TERM/EMERGENCY ACTIONS (On Site and Off-Site):** List all emergency actions taken or planned to bring the site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

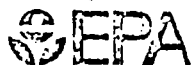
1. ACTION	2. ACTION START DATE (mo, day, & yr)	3. ACTION END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

**B. LONG TERM STRATEGY (On Site and Off-Site):** List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. ACTION START DATE (mo, day, & yr)	3. ACTION END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

## C. MANHOURS AND COST BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL MAN- HOURS FOR REMEDIAL ACTIVITIES	3. TOTAL COST FOR REMEDIAL ACTIVITIES
a. EPA		\$
b. STATE		\$
c. PRIVATE PARTIES		\$
d. OTHER (specify):		\$



PO (IT) HAZARDOUS WASTE SITE  
FINAL STRATEGY DETERMINATION

REGION SITE NUMBER

V 11000010116

File this form in the regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME Krummich, WT-Plant  
B. STREET  
C. CITY Sauget  
D. STATE Ill  
E. ZIP CODE

II. FINAL DETERMINATION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION	MARK 'X'	ACTION AGENCY			
		EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED		X			
B. REMEDIAL ACTION NEEDED, BUT NO RESOURCES AVAILABLE (If yes, complete Section III.)					
C. REMEDIAL ACTION (If yes, complete Section IV.)					
D. ENFORCEMENT ACTION (If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)					

E. RATIONALE FOR FINAL STRATEGY DETERMINATION

This site is the same as Monsanto Comp. in Sauget.

F. IF A CASE DEVELOPMENT PLAN HAS BEEN PREPARED, SPECIFY THE DATE PREPARED (mo., day, & yr.).  
G. IF AN ENFORCEMENT CASE HAS BEEN FILED, SPECIFY THE DATE FILED (mo., day, & yr.).

H. PREPARER INFORMATION

1. NAME Gregg Wrasche  
2. TELEPHONE NUMBER  
3. DATE (mo., day, & yr.) 9/11/80

III. REMEDIAL ACTIONS TO BE TAKEN WHEN RESOURCES BECOME AVAILABLE

List all remedial actions, such as excavation, removal, etc. to be taken as soon as resources become available. See instructions for a list of Key Words for each of the actions to be used in the spaces below. Provide an estimate of the approximate cost of the remedy.

A. REMEDIAL ACTION	B. ESTIMATED COST	C. REMARKS
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
D. TOTAL ESTIMATED COST	\$	

**F Waste Quantity:**

Place an X in the appropriate boxes to indicate the facility types found at the site.

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

**Facility Type**

1. ☐ Piles
2. ☐ Land Treatment
3. ☒ Landfill
4. ☐ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☒ Drums, Below Ground
9. ☐ Other (Specify) \_\_\_\_\_

**Total Facility Waste Amount**

☒ cubic feet **Unknown**

☐ gallons

**Total Facility Area**

☐ square feet

☐ acres **Unknown**

**G Known, Suspected or Likely Releases to the Environment:**

Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☐ Suspected ☐ Likely ☐ None

☒ Do Not Know

**Note:** Items H and I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

**H Sketch Map of Site Location: (Optional)**

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

Monsanto Ave.

Illinois  
Route 3

Plant Boundary

**I Description of Site: (Optional)**

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

JUN 08 1981

**J Signature and Title:**

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

Name **J. W. MOLLOY PLANT MANAGER**

Street **W.G. KRUMMRICH PLANT ROUTE 3**

City **SAUGET**

State **IL** Zip Code **62201**

Signature *J. W. Molloy*

Date **5/5/81**

☒ Owner Present

☐ Owner Past

☒ Transporter

☐ Operator, Present

☒ Operator, Past

☐ Other

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Address change  
back to Route 3